



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

APR 10 2024

STAMP

5057

1. Entity ID Number 160753		2. Exact name of the Corporation Michael S. Reilly, DDS, LTD.			
3. Principal Office Address 21 Rolfe Square		City Cranston		State RI	Zip 02910
4. NAICS Code 621210		6. Brief description of the character of business conducted in Rhode Island Dentistry.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael S. Reilly			Vice-President Name		
Street Address 21 Rolfe Square			Street Address		
City Cranston	State RI	Zip 02910	City	State	Zip
Secretary Name Michael S. Reilly			Treasurer Name Michael S. Reilly		
Street Address 21 Rolfe Square			Street Address 21 Rolfe Square		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Michael S. Reilly			Director Name		
Street Address 21 Rolfe Square			Street Address		
City Cranston	State RI	Zip 02910	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>			
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
600		Common		0.01	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative Michael S. Reilly				Date 4/6/24	
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 11/2021